•	1,7	4 2006 8	01	r <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313		<i>f</i>
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	rm should be used for tran respondence including the below or directed otherwise is.	smitting the ISSU Patent at Vance of Missing I have a	JE FEE and reders and notion of the specifying					should be completed where correspondence address as arate "FEE ADDRESS" for
 30544 75	PE ADDRESS (Note: Use Block 1 for 90 05/09/2006 ER; DANIEL D. CH		ILLIAM E		Fee(s) Transmittal. The papers. Each additional have its own certificate.	is certificate of M	cannot be used as an assignment transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile
JACKSON WALK 112 E. PECAN, SU	ER, L.L.P.				transmitted to the USP	10 (5/1) 2/3	E FEE address 3-2885, on the o	above, or being facsimile date indicated below. (Depositor's name)
SAN ANTONIO, 7 8/15/2006 RMEBRAH1 00	TX 78205				Rende Tr	eider	7	(Signature)
	300.00 OP				August 8	2006		(Date)
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APPLICATION NO.	FILING DATE		FIRST NAMEI	D INVEN	TOR	121947.0010.004		CONFIRMATION NO.
ADDIAL TYPE	SMALL ENTITY	ICCLIE E	e e	pr	UBLICATION FEE	TOTALE	EE(S) DI IE	DATE DUE
APPLN. TYPE	<u></u>					TOTAL FEE(S) DUE \$1000		·
nonprovisional	provisional YES \$700			\$300		3) 1	1000	08/09/2006
EXAMINER		ART UNIT C		ASS-SUBCLASS]			
GAY, JENNIFI		3672			166-379000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
	RESIDENCE DATA TO B			•	** /			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI		clow, no assignee of this form is NO			he patent. If an assign g an assignment. CITY and STATE OR (ed below, the d	ocument has been filed for
Plexus Oce	ean Systems,	Ltd.	Un	ited	Kingdom			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent) :	Individual XX Co	orporation or	other private gr	oup entity Government
Aa. The following fee(s) are Size Fee Dissue Fee Advance Order - # of	mall entity discount permitte		-Payment	in the an by credi	nount of the fee(s) is en t card. Form PTO-2038 treby authorized by cha Number	is attached.	red fee(s), or cre (enclose an extr	edit any overpayment, to ra copy of this form).
a. Applicant claims SI	(from status indicated above	37 CFR 1.27.	b. Applic	ant is no	longer claiming SMA	LL ENTITY :	status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and Protected as shown by the reco	as requested. Apply the SSI ublication Fee (liftequired) varies of the United States Pate	vill fot be accorded	on ree (if and from anyone Office.	other th	ne-apply any previously and the applicant; a regi	stered attorne	ey or agent; or the	ation identified above. the assignee or other party in
Authorized Signature	10-0 -10	VYY			Date <u>Au</u>	gust 8	, 2006	
Typed or printed name	Mark A. Tidw	ell			Registration N	ło. 37	,456	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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August 8, 2006

AUG 14 7006 Under the Parterwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL		Applic	cation Number	10/721,443			
TRANSMITTAL			Date	November 24, 2003			
FORM		First Named Inventor		Bernard H. vanBilderbeek			
(to be used for all correspondence after initial filing)			nit	3672			
		Exam	iner Name	Gay, Jennifer Hawkins			
Total Number of Pages in This Submission	3	Attorn	ey Docket Number	121947.0010.004			
	ENCLO	SURES	(check all that apply)				
Fee Transmittal Form	Drawing(s)			After Allowance Communication to Group			
□ Fee Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application			Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
_	Request for Refund			PTOL-85 Issue Fee Transmittal;			
Express Abandonment Request	CD, Number of CD(s)			and Postcard			
☐ Information Disclosure Statement							
Certified Copy of Priority Document(s)	Rema	rks					
Response to Missing Parts/ Incomplete Application			-				
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNA	TURE OF A	APPLIC	ANT, ATTORNEY, O	R AGENT			
Firm Mark A. Tidwell-Reg.	No. 37,466	7	reer, Suite 2100, San Antonio				
Signature MU-IICH							
Date August 8, 2006							
	CEF	RTIFICA	ATE OF MAILING				
	class mail in			or deposited with the United States Postal ommissioner for Patents, P.O. Box 1450,			
Typed or printed name Renee Preide	er						

Signature

Date August 8, 2006

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Signature

Date August 8, 2006

PTO/SB/17 (12-04v2)

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Affection & \$208/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	10/721,443					
FEE TRA			November 24, 2003							
For F				Bernard H. vanBilderbeek						
r Ol I	Examiner Name									
Applicant claims small ent			Gay, Jennifer Hawkins							
TOTAL AMOUNT OF PAYMENT (\$) \$1,700.00				Art Unit		3672 121947.0010.004				
CONTRACTOR OF TAXABLE		Attorney Docket No. 121947.			0 10.004					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Depos		-		Deposit Ac			son Wa	alker L.L.P.		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. except for the filing fee										
ب ب										
under 37 CFR 1.1	16 and 1.1	17		U Olouit	•	erpayments				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	ILING F	EES		RCH FEES	EXAN	MOITAMIN				
Application Type F	<u>ee (\$)</u>	mall Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fee	(\$) Small Fee		Fees Paid (\$)		
Utility	300	150	500	250	200					
<u>-</u>	200	100	100	50	130		_			
	200	100	300	150	160					
	300	150	500	250	600					
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2. EXCESS CLAIM FEES		100	J	V	•		•	Small Entity		
Fee Description	<u>F</u>	<u>ee (\$)</u>	Fee (\$)							
Each claim over 20 (incl				50 200	25					
Each independent claim	ies)				200 360	100 180				
Multiple dependent claim Total Claims Ex	Fo	e Paid (\$)		Multiple Dependent Claims						
Total Claims Extra Claims Fee (\$) Fee				C I alu (ψ)		ee (\$)	Fee Paid (\$)			
HP = highest number of total clair		, if greater than 20.				_				
Indep. Claims Ex	tra Claim		<u>Fe</u>	e Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing pretinge) ssue see \$1,400 fiblication Fee \$300 1,700.00										
SUBMITTED BY										
Signature	/-/	WIIII		Registration No. 3	7,456		Telephor	ne 713-752-4578		
1//		5000/		(Attorney/Agent) 3	1,430			110-102-4010		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Mark A. Tidwell